

P10000009598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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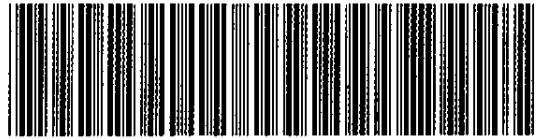
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-2-10 ch

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Table d hote Catering, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Leda M. Wilson

Name (Printed or typed)

7811 SW 102nd Lane

Address

Miami, FL 33156

City, State & Zip

786-554-3483

Daytime Telephone number

tabledhoteinc@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Table d' hote Catering, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

7811 SW 102ND LN Miami, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal enterprise

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Leda M. Wilson, president / secretary / treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Leda M. Wilson 7811 SW 102ND LN
Miami, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leda M. Wilson 7811 SW 102ND LN
Miami, FL 33156

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

1/28/10

Date

1/28/10

Date

FILED
10 FEB - 1 PM 12: 23
SECRETARY OF STATE
TALLAHASSEE, FL 32301